

MI-WIC POLICY

Nutrition Services

5.0 Nutrition Services

Effective Date: 11/06/14

5.06 Required Services for High Risk Clients

PURPOSE: This policy outlines the WIC nutrition education process for high risk clients. A client identified as high risk is offered additional WIC nutrition services including nutrition counseling and an individual care plan (ICP) developed with a Registered Dietitian (RD).

POLICY:

1. **RD availability:** The local agency must provide adequate RD coverage to meet the needs of high risk clients. There must be RD appointments available on the schedule within 30 days.
2. **Medical Nutrition Therapy:** WIC nutrition services assist client's understanding of Medical Nutrition Therapy (MNT) received from other Health Care Providers (HCPs) and support MNT implementation. Provision of individual MNT is outside the scope of WIC nutrition services.
3. **Identification of High Risk Clients:** WIC high risk clients include any client with:
 - a. One or more high risk codes. See Policy 2.13, Nutritional Risk Criteria, including 2.13A, Michigan Risk Codes.
 - b. An assigned WIC food package with a Class III formula. See Policy 7.03, Food Package for Qualifying Condition(s).
 - c. A WIC risk designated as high risk by local agency policy.
 - d. Multiple conditions or client circumstances that, per WIC Competent Professional Authority (CPA) determination, designate the client as high risk.
4. **Local Agency Policy** may designate additional risks from Policy 2.13A, Michigan Risk Codes, as "high risk" (e.g., High Parity and Young Age 333). The local agency must follow these Policy 5.06 requirements to address their additional high risks.
5. **Documentation of High Risk:** A client's high risk condition(s) must be documented in MI-WIC whenever identified. The CPA must:
 - a. Validate client self-reporting of medical diagnoses. See Policy 2.13, Nutritional Risk Criteria.
 - b. Confirm the high risk conditions(s) assigned by MI-WIC.
 - c. Manually assign any additional high risk conditions(s) identified.
 - d. Check the High Risk box (MI-WIC Nutrition Health Summary screen) if the CPA designates a client as high risk based on multiple conditions/ circumstances or per local agency policy.
 - e. Document additional information important for the RD in the Problem List tab, MI-WIC Care Plan section.
6. **Nutrition Counseling Scheduling:**
 - a. Any client can request and be scheduled to meet with an RD for development of an ICP.
 - b. All clients identified as high risk must receive explanation of the benefits of individual Nutrition Counseling with an RD (NCRD) and be encouraged to use this benefit.
 - c. All high risk clients must be offered the opportunity for RD services and an ICP at each certification/recertification (CERT/RECERT), or Infant/Child Evaluation (IEVAL/CEVAL) when a high risk is newly identified and/or when a new Class III formula has been approved.
 - d. Acceptance or refusal of the RD services must be documented at each CERT/RECERT or IEVAL/CEVAL appointment.

- 1) Acceptance of the RD services offered is documented by:
 - a) Schedule of a NCRD appointment
 - b) RD assessment and documentation in the Care Plan section
 - 2) Refusal of the RD offer must be documented by either:
 - a) Check of “Counseling with Non-WIC RD” (above NE Plan) if the client is scheduled or has received counseling from a non-WIC or MIHP RD for their high risk condition(s), and declines WIC nutrition counseling.
 - b) Check of “RD Refused” (above NE Plan) if the client declines the NCRD service and is not receiving alternate RD counseling. Note: A second offer for RD services will be sent by the MI-WIC system to clients who refuse NCRD. *Best Practice:* Re-offer the client the opportunity for WIC RD at subsequent interactions.
 - e. Clients who accept nutrition counseling should be scheduled in a timely manner, appropriate for their needs.
 - f. A WIC RD may develop an ICP at the CERT/RECERT or IEVAL/CEVAL appointment if high risk is identified at that time. The client’s next Interim NE contact may be an ICP follow-up or alternate NE.
7. **Individual Care Plan (ICP) Development and Documentation:** The RD must:
- a. Confirm the risks, review any notes in the Problem List tab, and identify additional client problems.
 - b. Review and evaluate the client’s:
 - 1) Food/Nutrition Related History
 - 2) Anthropometric measurements
 - 3) Biochemical or other medical information
 - 4) Client’s history, concerns and readiness for behavior change
 - c. Jointly determine the need for an ICP with the client or caregiver/authorized person.
 - d. If no ICP will be developed, check the “No Care Plan Needed” box on Care Plan tab and document the rationale in the Problem List tab notes area.
 - e. If elected, develop and document the ICP in the MI-WIC Care Plan tab areas:
 - 1) MI-WIC Assessment statements- chose if applicable.
 - 2) Subjective/Assessment- summarize client’s primary nutrition problems/concerns/needs, key information, and motivation for change.
 - 3) Intervention Plan outline:
 - a) Client’s desired outcomes;
 - b) One to three simple, attainable behavior changes;
 - c) Practical interventions, including future nutrition education;
 - d) Indicators to monitor and evaluate the client progress in follow-up.
 - f. Preserve the ICP by selecting “Freeze Care Plan” button. (Best practice: All care plans should be “frozen” soon after creation to assure integrity, however the day of care plan “freezing” is at RD discretion to allow for the inclusion of information that may be pending.)
 - g. Make referrals to other health and social service providers as appropriate and document in MI-WIC Referrals section.
 - h. Document the nutrition education provided on the NE pop-up screen and, may, if desired, update the Nutrition Education Plan.

8. Individual Care Plan (ICP) Follow-up, Evaluation, and Closure:

- a. Following development of an ICP, the local agency must offer nutrition education and counseling as identified in the ICP. Follow-up activities may include:
 - 1) Visits with the WIC RD for counseling.
 - 2) Visits with WIC staff that carry out a portion of the ICP.
 - 3) RD and client review ICP and make changes, as needed.
- b. ICP Follow Up must be documented in MI-WIC.
- c. The ICP is closed by the RD with reasons documented when either occurs:
 - 1) The client's desired outcomes have been satisfactorily met.
 - 2) The client's planned behavior changes are obsolete or no longer applicable.

NOTE: Checking "Care Plan Closed" on the Follow-Up tab documents closure.

9. Starting a New Individual Care Plan (ICP)

- a. Before "New Care Plan" is chosen on the Care Plan tab, a previous ICP should be closed under the Follow-Up tab.

10. Monitoring, Collaboration, and Continuity of Care

- a. The local agency must conduct monitoring to ensure high risk clients receive appropriate nutrition services outlined in this policy, including observations of client/RD interactions and record reviews. See Policy 1.11, Annual Quality Services Review.
- b. MI-WIC documentation must support high risk client care over time. *Best Practice:* Document when outside services have been initiated and include important information that will support WIC care planning at any time (e.g., changes in client's condition, progress, Class III formula tolerance issues, etc.).
- c. Location of additional information in MI-WIC is per local agency decision. *Best Practice:* The MI-WIC Care Plan section centralizes information for the high risk client; CPAs or RDs can make notes in the Problem List or Follow-up tabs.

References:

Federal Regulations 246.11(e)(5)
WIC Nutrition Services Standards 6, 7, 11, 14, USDA, FNS, August 2013

Cross References:

1.11 Annual Quality Services Review
2.13 Nutritional Risk Criteria
5.01 Nutrition Education Overview and Elements of Client-Centered Nutrition Education
5.07 Documentation of Nutrition Education
5.08 Nutrition Education Collaboration
7.03 Food Packages for Qualifying Conditions

Exhibits:

2.13A Michigan Risk Codes
5.06A High Risk Documentation Guidance